

Effective November 10, 1998

Application or Docket Number

09196345

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CLAIMS AS FILED - PART I (Column 1) (Column 2)										OŖ,		R THAN ENTITY
DR ·	NUMBER FILED			NUMBER EXTRA			RATE	FEE		RATE	FEE	
SIC FEE								-	380.00	OR		760.00
TAL CLAIMS		22 minus 20=			* 2			X\$ 9=	19.00	OR	X\$18=	36.00
DEPENDENT CI	LAIMS	2 minus 3 =			*			X39=		7 1	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								.120-		1	1260-	
* If the difference in column 1 is less than zero, enter "0" in column 2							'		**************************************	- 1		
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Independent	*		Minus			=		X39=			X78=	
AFTER AMENDMENT PREVIOUSLY PAID FOR Total * Minus ** = Independent * Minus *** = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								400	<u> </u>		000	
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* If the entry in column 1 is less than the entry in column 2 write "0" in column 3								+130=		OR	+260=	
f the "Highest Nur	mber Pre	viously Pa	id For" IN TH	IIS SPA	ACE is less tha	n 20, enter "20."	Al			OR A	TOTAL ODIT. FEE	
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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.